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ABSTRACT

The 100 recommendations in this report were prepared to fulfill part of the requirements of the Developmental Disabilities Assistance and Bill of Rights Act of 1987. The recommendations are based on a consumer satisfaction survey of individuals with developmental disabilities, information on issues and services from the Mississippi Developmental Disabilities Planning Council, reports of activities and plans of relevant state agencies, and data on federal service program data. Recommendations are offered in the following categories: general, education, employment, health, housing, older individuals, income, and civil rights. Appendices contain ratings of and comments on the draft recommendations by 35 administrators of public and private agencies serving individuals with developmental disabilities. (JDD)

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SUMMARY OF RECOMMENDATIONS

THE 1990 REPORT TO CONGRESS, VOLUME III

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PREPARED IN ACCORDANCE WITH:
THE DEVELOPMENTAL DISABILITIES ACT OF 1987
BY THE
MISSISSIPPI DEVELOPMENTAL DISABILITIES PLANNING COUNCIL

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DECEMBER, 1989

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SUMMARY OF RECOMMENDATIONS

THE 1990 REPORT TO CONGRESS, VOLUME III

PREPARED IN ACCORDANCE WITH:
THE DEVELOPMENTAL DISABILITIES ACT OF 1987
BY THE MEMBERS OF THE
MISSISSIPPI DEVELOPMENTAL DISABILITIES
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Preface

The Developmental Disabilities Assistance and Bill of Rights Act of 1987 mandated the Mississippi State Developmental Disabilities Planning Council to perform the following activities.

1. to conduct a review and analysis of State-Federal programs serving persons with developmental disabilities;

2. to conduct a consumer satisfaction survey of services of individuals with developmental disabilities in Mississippi;

3. to prepare and transmit to the U.S. Congress, the Governor and the state legislature by January, 1990, a final written report.

The final recommendations included in the Mississippi 1990 Report to Congress are based primarily on the information compiled while carrying out this mandated research and included such sources as:

1. Mississippi's Consumer Satisfaction Survey;

2. Mississippi Developmental Disabilities Planning Council's pool of information on issues and data on services to people with developmental disabilities in Mississippi;

3. The most recent annual Report to the Legislature from each relevant Mississippi State Agency as well as their State plans submitted to the Federal Government, needs assessment and evaluation studies;

4. Federal program data with specific information on services and expenditures relevant to Mississippi such as the following key Federal programs: ICF/MR, special education, and vocational rehabilitation.

These recommendations set a vision for the Mississippi developmental disability community. If this vision is followed, it would put this state among the country's leaders in abolishing barriers of discrimination for persons with disabilities, and in extending instead the full franchise of community.

There can be little debate about the vision by the Congress of the United States as outlined in this major piece of legislation on behalf of persons with developmental disabilities. This powerful and compelling vision mandated by the Developmental Disabilities Assistance and Bill of Rights Act of 1987 (P.L. 100-146), is summarized in such terms as:

"Congress finds that...

> ...Notwithstanding their severe disabilities, these persons have capabilities, competencies and personal needs and preferences;
>
> ...family and members of the community can play a central role in enhancing the lives of persons with developmental disabilities, especially when the family is provided necessary support services;

> ...it is in the national interest to offer persons with developmental disabilities the opportunity, to the maximum extent feasible, to make decisions for themselves and to live in typical homes and communities where they can exercise their full rights and responsibilities as citizens."
>
> 101 Stat.841 (b)

That the purposes of this legislation are:

> "...To assure that all persons with developmental disabilities receive the services and other assistance and supports necessary to enable such persons to achieve their maximum potential through increased independence, productivity, and integration into the community...
>
> ...To enhance the role of the family in assisting persons with developmental disabilities to achieve their maximum potential."
>
> 101 Stat.841 (b)(1)(2)

The following recommendations are intended to serve as a guide for that vision. No list of recommendations could please everyone to the same degree. The challenge was not to build full consensus. Rather, the objective was to compile a series of recommendations that were most consistent with the spirit and intent of the Developmental Disabilities Act of 1987.

Finally, the Council obtained from interested persons in the State public comments on the reviews and analyses and on a series of draft recommendations that constitute an action plan for remand of barriers to services for persons with developmental disabilities. This included input from advocates, consumer groups, the best thinking of experts and administrators of public and private agencies currently serving individuals with developmental disabilities. A rating sheet of all draft recommendations was made available to these groups and examples of their ratings and comments are found in the Appendix.

E. C. Bell, Executive Director
Mississippi Developmental
Disabilities Planning Council

Recommendations to Meet the Needs of Mississippi's Citizens with Developmental Disabilities

GENERAL RECOMMENDATIONS

1. Supports to individuals with developmental disabilities that promote their independence, productivity and integration in the community should be a major policy goal in the 1990s.

2. Life-long Family Support for all families who have a member with developmental disabilities should be made available. Family Support should include respite, financial assistance, emergency and shelter care for adult consumers, and other supports found to be effective in assisting families.

3. It is recommended that we continue to develop a continuum of developmental disabilities services that are located in communities on a regional basis. Such a continuum would allow an individual to be given the most appropriate, as well as least restrictive service in or near the home community. The ultimate goal is one in which all developmentally disabled Mississippians will have ready access to needed services.

4. Mississippi laws should be reviewed to identify those laws that impede the independence, productivity, and integration of persons with developmental disabilities.

5. Reports on federal expenditures should be expanded to provide additional information on how supports are

financed and the availability of supports to people with developmental disabilities. This information should be complemented by consumer-based research on the relationship between supports and the ability to reach greater independence, productivity and community integration, building on the Mississippi Developmental Disabilities Council 1990 Report.

6. Funding levels for discretionary programs that stimulate the development of supports, including grants for special recreation programs, assistive devices, community support systems in mental health, temporary child care/ crisis nurseries, and independent living centers should be expanded where possible.

7. As the deinstitutionalization of people with developmental disabilities continues, adequate community support to allow persons with developmental disabilities to function satisfactorily in the community and enjoy a real "quality of life" must be guaranteed.

8. Services for individuals with developmental disabilities should include all supports needed by consumers for a satisfactory transition into homes in the community.

9. Coordination assistance ("case management") should be available to individuals with developmental disabilities and family members to facilitate arrangements for supports and their monitoring. Sufficient funding must be available to permit small enough "caseloads" for effective help with coordination; additional resources must be available for

system-level coordination.

10. Mississippi should develop a program that will provide vouchers for individuals with developmental disabilities to purchase transportation services in order to work, to receive services, to perform daily activities, or to participate in community activities.

11. All transportation plans or programs developed by Federal or State government or regional or local transportation authorities should include provisions to make transportation accessible to consumers with all types of disabilities.

12. All Mississippi citizens with developmental disabilities should have available a 24-hour hotline for families or consumers in times of crisis.

13. Within the Mississippi Planning Council on Developmental Disabilities, a Special Task Force for people with severe mental illness and physical handicaps should be established to assure that gaps in services for this population are eliminated.

14. State agencies representative with major involvement in the following areas should be invited to become members of the Mississippi Planning Council on Developmental Disabilities: Housing, Insurance, and Transportation - (for each state agency add one more representative).

15. Mississippi should promote implementation of prevention strategies to minimize the occurrence of

conditions which result in disabilities.

16. The Mississippi Legislature should mandate that all state and federally-assisted programs adopt and uniformly operationalize consistent definitions of services and eligibility criteria for disability programs.

17. New specialized programs and services should be developed, financed, and implemented to meet the needs of Mississippi's unserved/underserved population of persons with developmental disabilities.

18. The Mississippi Legislature should enact permanent legislative responsibility to the Mississippi Department of Mental Health for the planning and implementation of a comprehensive, coordinated system of appropriate facility and community-based programs and services for all persons with developmental disabilities, based upon the federal definition in the Developmental Disabilities Act.

EDUCATION RECOMMENDATIONS

19. There should be developed a sensible and responsible solution to the preparation of personnel so that, in future years, every developmentally disabled individual who needs service by a highly specialized professional will, in fact, receive the service no matter where he resides in Mississippi.

20. Greater emphasis should be stressed in continuing educational activities to increase and update the competencies of current personnel and to fit existing personnel into a rapidly changing service area (for example, to serve better the multiply handicapped population).

21. Emergency permits or provisional certificates that allow individuals to teach who do not meet the minimum requirements for teachers of the developmentally disabled (severely handicapped, multi-handicapped, etc.) should be allowed to be renewed only twice, and then only if the individual holding the provisional certificate has attended yearly workshops per year sponsored by the State Department of Education and has successfully completed six semester hours in one of his deficient areas each year.

22. It is recommended that Mississippi meet its manpower needs, in part, by providing grants-in-aid annually (or loans in case the recipient elects not to fulfill the terms of the grant-in-aid) to individuals desiring careers in the education of developmentally disabled children and

adolescents.

23. Financial incentives should be provided at both the Federal and State levels to encourage college students, upon graduating, to work in service programs with developmentally disabled persons.

24. Training for professional personnel, such as health and mental health professionals, should include courses on working with individuals with developmental disabilities.

25. Comprehensive education efforts should include an orientation for professionals in the service system to assist them in providing supports to individuals with developmental disabilities, to their family members, and to communities.

26. State policy should help ensure that each local school district has an on-going drop-out prevention program which specifically addresses the needs of the special education population.

27. Adequate federal funds should be available in order to support and enhance state and local contributions. Federal contributions should move towards the originally promised 40% reimbursement rate for special education students.

28. Early Intervention (birth - 5 years) services should be made available and accessible to all families who want them. Included in this initiative should be incentives for day care centers to become integrated.

29. Educational services systems should be designed around individual needs. The focus should be on preparing individuals for life, giving them the functional knowledge and skills to actively take part in it. Functional curriculums should be developed and adopted by the State Department of Education, such as the work study special education-vocational rehabilitation program available in Mississippi in the 1970s.

30. Transition services should be mandated for all special education students. Students leaving school should have self-advocacy, problem-solving, and community life and employment skills.

31. Independent living skills and training such as those activities that decrease an individual's dependence upon other people (e.g., grooming, cooking, and home management skills) as well as activities that allow the individual to use generic community services (e.g., mobility and shopping skills) must be expanded and must serve a more diverse developmentally disabled population.

32. Mississippi's special education and rehabilitation programs should be designed in such a way that by the time a student is of high school age, he/she will be able to live successfully in an independent living apartment with only minimum supervision.

33. Mississippi's schools should formulate a formal, written plan that specifies how a student will be trained and placed in a permanent job upon graduation. This

transition team should specify who is responsible for each goal/objective of this plan and a time-line for completion of each goal/objective of the plan. This plan should be part of both the Individual Education Plan (IEP) and the Individual Written Rehabilitation Plan (IWRP).

34. Mississippi's schools should train disabled students in communication, self-care, mobility, and recreation skills. They should teach all of these skills within the context of job training whenever possible. By the teens the IEP should address specific vocational training in a variety of potential jobs related to realistic employment options in the local labor market.

35. Creative programs whose goals and procedures are oriented toward easing the school-to-work transition for its handicapped pupils/clients must involve both special education and rehabilitation personnel.

36. The Department of Education should establish policies and regulations to ensure that all children and youth with developmental disabilities are educated, to the extent possible, with non-disabled peers and within their home communities.

37. Local school systems should employ additional personnel (e.g., psychologists, guidance counselors, physical therapists, speech pathologists, occupational therapists, audiologists, etc.) who are appropriately trained to provide "related services" needed by children and youth with developmental disabilities.

38. Mississippi's institutions of higher education should expand and initiate new programs of appropriate education and preservice training for teachers and related personnel to become qualified/certified to provide special education and related services needed by children and youth with developmental disabilities.

EMPLOYMENT RECOMMENDATIONS

39. A policy on the employment of people with developmental disabilities should be developed for Mississippi with the goal of achieving a high rate of employment and labor force participation for people with developmental disabilities between the ages of 18 and 64.

40. There should be an authority to collect data on employment and labor force participation by people with disabilities. These data should be reported along with current labor statistics by functional and diagnostic characteristics of the disability.

41. The Jobs Training and Partnership Program should register consistently with Vocational Rehabilitation (VR) those individuals who have developmental disabilities.

42. All state employment security agencies should report (as they do with veterans, women, and racial minorities) the number and percentages of people with developmental disabilities served and profile this population as others are.

43. Employers should be made aware of the advantages of hiring workers from a Supported Employment program.

44. All State agencies should have employees who are participating in a Supported Employment program.

45. Federal policy should be amended so that Supported Employment opportunities are available for people with disabilities who can work less than 20 hours a week.

46. Mississippi's severely handicapped youth can and must achieve vocational skills. Social and communication skills, mobility, independent living skills, and work habits of severely handicapped youth have an important bearing on their vocational skills. The reinforcement of these skills should begin in the elementary school and continue through the secondary years.

47. Mississippi's rehabilitation personnel should be encouraged to provide consultation and direct assistance in their areas of expertise within as well as outside the school setting. If the vocational development of severely handicapped youth is to succeed, there must be a "marriage" between special education and rehabilitation. Public schools, rehabilitation agencies, training facilities, and other programs should practice and encourage maximum career development opportunities for the developmentally disabled youth of our society.

48. The Rehabilitation Services Administration should provide additional supported employment funding that is not time limited for people with severe and life-long

disabilities (e.g., developmental disabilities). These funds should not be commingled with any other VR accounts at the state or Federal levels.

49. The Rehabilitation Services Administration should require all state VR agencies to indicate those individuals who are developmentally disabled in its statistics.

50. Plans for transitional services should be developed and implemented at the local levels. Mandatory collection and reporting of appropriate data may help to ensure that more individuals receive such services.

51. The Mississippi Legislature should provide permanent funding to expand and maintain long-term supported employment opportunities for persons with severe physical, sensory, and/or mental disabilities. This must include funding to provide for appropriately trained personnel necessary for supported employment activities.

52. The Mississippi Legislature should create state tax incentives which will benefit employers who hire and provide long-term supports which allow persons with developmental disabilities to maintain remunerative employment.

53. Mississippi's commitment to affirmative action in hiring persons with disabilities within State government should be strengthened through education, directives, and monitoring.

54. The Mississippi Legislature should provide permanent funding to significantly expand and make uniformly

available supported employment services, independent living services, and rehabilitation technology services.

HEALTH RECOMMENDATIONS

55. Mississippi should have a disability prevention initiative among all agencies, an overall plan of action, and state funding toward preventing more children from entering into special education services in our public schools.

56. Children with special health care needs should have access to integrated and coordinated health services that are community based. Early medical intervention and surgical care can help children lead more productive lives and prevent developmental disabilities.

57. The Children's Medical Program should improve and expand services to children with special health care needs so that assistance can be provided to 100 percent of all qualified applicants for service. For example, services should be provided for neonatal screening to all newborns for metabolic disorders for which effective and efficient tests and treatment are available.

58. Generic community home health care should be expanded to allow improved access by people with developmental disabilities.

59. Medicaid restrictions on the financing of home and community-based supports must be lifted in ways that

stimulate their expanded availability to people with developmental disabilities regardless of the nature of the developmental disability.

60. An equitable health care financing system should protect people from excessive health care costs in relation to their incomes. Families of persons with developmental disabilities should not have to pay a greater percentage of their income for health care than families without such disabilities.

61. Data should be collected on the limitations of private and public health insurance for persons with disabilities. Surveys should be conducted at the national, state, and community levels to more precisely measure the extent of the limitations of private health insurance on persons with developmental disabilities and the impact both on their lives and on the social costs to society.

62. The Mississippi State Department of Education should make sure that public school districts are identifying all health related needs which impact on special education in the individualized education plan (IEP).

63. Efforts to educate families and consumers about how to access and choose mental health care should be made through a variety of mechanisms, including the State Board of Education and the media.

64. All State agencies serving children and adolescents with severe mental illness should separate, in their budgets, the funding mechanisms and amounts spent on

services to this particular population.

65. Community mental health centers should increase services to people with developmental disabilities.

66. Legislation in Mississippi should be passed which would allow Medicaid to reimburse freestanding facilities for psychiatric services for children and adolescents.

67. Medicaid options which will allow coverage of additional persons should be considered for adoption.

68. Home and community-based services, respite care, and day care should be expanded.

69. A substantial number of Mississippians remain unable to obtain needed care. The limited funding and associated staffing restrictions of the State's public facilities for mental health and retardation services have not permitted service to all who seek care. Concurrently, the high cost and limited third-party coverage of private sector mental health services denies access to all but the wealthy or persons with exceptional health insurance coverage. Therefore, the State should examine new ways to provide proper mental health and retardation services for the handicapped population.

HOUSING RECOMMENDATIONS

70. There is limited information about the housing needs of the developmentally disabled population in Mississippi. Such individuals are a diverse group, and the

physical adaptations that help one type of handicap are of no use to others. Special efforts should be made to work with the state's vocational rehabilitation agencies, the Mississippi Council on Developmental Disabilities and other experts to identify the housing needs of the handicapped and develop strategies to address identified needs.

71. The State should access all available Federal funds for providing housing for the handicapped.

72. In-home services should be expanded by all state agencies now providing them to reduce the demand for placement of developmentally disabled consumers in congregate care facilities. 73. State agencies should examine existing models of "shared housing" and determine its applicability for Mississippi.

74. Housing policy goals for people with developmental disabilities should be focused on supports, environmental adaptations, and housing characteristics selected by the individual and tailored to individual needs.

75. The availability of small community-based housing should be expanded so that more residential options are available for consumers with developmental disabilities when their natural homes are not an option.

76. The implementation of the new ICF/MR regulations and P.L. 100-203 (nursing home reforms) should be carried out in ways that promote the use of community alternatives such as apartments.

77. Various settings should be considered as a service

base for respite care.

78. Additional efforts to improve access should include an increase in the number of group homes for the chronically mentally ill, operated by state hospitals or regional mental health/mental retardation centers, and the opening of group homes for emotionally disturbed children to prevent institutional placement or to provide a placement for adolescents ready for discharge from the state hospital. It is recommended that further development of long-term care beds specifically designed to serve the MR/DD population should be located outside existing institutions and if possible be 15 beds or less in size.

79. The Federal Fair Housing Act should be fully implemented in Mississippi so that all citizens with disabilities have the right to reside wherever they wish.

80. The Federal government should create a set-aside portion of Community Development Block Grant funds to be used for developing or modifying housing for people with developmental disabilities.

81. Federal regulations should be amended so that in all housing, subsidized with Federal funds, standard definitions of "disability" are included and the requirement that 10% of all tenants be disabled is enforced.

82. The State should access all available funds and use all existing resources to increase the numbers of people with developmental disabilities, earning minimum wage or less, who are able to live in subsidized housing.

83. Rental assistance for low income housing for persons with disabilities should be established.

84. Federal and State funds, targeted for expansion of residential services, should be utilized to provide small community-based housing for people with developmental disabilities. If possible, this housing should contain the same number of residents as do the homes in the neighborhood in which non-disabled people reside.

85. The Mississippi Legislature should establish state tax credits/tax deductions to families or individuals who provide a home and supervision/care for family members or other persons with developmental disabilities.

AGING RECOMMENDATIONS

86. The Mississippi Council on Aging should assure coordinated planning, identification, assessment of needs, and service for older individuals with developmental disabilities, with the State agencies with primary responsibility for individuals with disabilities, and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

87. Mississippi's older individuals with developmental disabilities who are eligible for assistance under the Older Americans Act should be informed of the availability of this assistance through an "outreach" program.

88. Increased coordination among Mississippi's agencies will become necessary to serve the growing elderly severely handicapped. Combined efforts must be made to coordinate services for elderly handicapped individuals. Specific recommendations are:

a. to establish programs for cross-training of current providers of services for elderly and for the mentally handicapped. Temporary assignment in the other field would allow workers in both fields to be better prepared to serve elderly individuals who also have a mental diagnosis; and

b. to coordinate training programs jointly sponsored, and held in at least two locations in the State.

89. Mississippi's area agencies on aging should facilitate the coordination of community-based, long-term care services for Mississippi's older developmentally disabled individuals who reside at home and are at risk of institutionalization because of limitations on their ability to function independently; who are patients in hospitals and are at risk of prolonged institutionalization; or who are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

INCOME RECOMMENDATIONS

90. Supplemental Security Income eligibility determination for children with disabilities should be revised to require consideration of the individual child's functional limitations and presumptive eligibility for children with certain genetic and congenital impairments that indicate a developmental disability.

91. Income assistance, food assistance, payment for medication, etc., for Mississippi's citizens with developmental disabilities is very important as most of the developmentally disabled persons surveyed are on supplemental security income. There should be an additional income allowance that will allow for more independence, community integration and productivity.

92. In Mississippi, the Medicaid program reimburses a limit of 30 days hospitalization per Medicaid-eligible per fiscal year. While this number of inpatient days may be adequate for most patients in an acute care setting, such day limitation is inadequate for long-term rehabilitation patients because the average length of stay in such hospitals or units is usually in excess of 30 days. Therefore, an inpatient rehabilitation facility or unit is very restricted in the number of Medicaid only eligible patients it can serve and still remain economically viable. The effect here is to greatly restrict the number and percentage of Medicaid patients who receive care in such

facilities. This restriction should be corrected.

93. Blue Cross does not cover the cost of rehabilitation care for its subscribers and family members. Blue Cross contracts generally cover acute medical care which does not include rehabilitation. Therefore rehabilitation facilities and services in Mississippi are greatly restricted in the number of Blue Cross subscribers that it can treat in a given period of time. The reimbursement realities in the rehabilitation industry need to be addressed in the future as it relates to public and private policy regarding this segment of the health care industry.

CIVIL RIGHTS RECOMMENDATIONS

94. Handicapped services in Mississippi consistent with individual dignity should be provided when necessary to protect from abuse, neglect, and exploitation.

95. Consumers and their families should receive more training on self-advocacy techniques.

96. Estate planning and counseling for families wishing to plan for their relatives' futures should be made available.

97. When making placement decisions, families and consumers should be presented with options which promote community integration.

98. Family counseling should be offered to families who are placing a family member.

99. Efforts must be extended to assure that the rights of disabled elderly Mississippians are protected in such areas as abuse, competency hearings, powers of attorney, protection of entitlement and guardianship.

100. Promotion of self-advocacy by all public agencies is recommended to allow continuous consumer participation in decisions concerning the planning and implementation of services for individuals with disabilities.

EPILOGUE

It is recommended that at two-year intervals a periodic reassessment be made and another report submitted to the Governor and Legislature. This report should also include a review and analysis of the eligibility for service; the extent, scope, and effectiveness of services provided and functions performed by all State Agencies, and their affect on the ability of persons with developmental disabilities to achieve the goals of independence, productivity, and integration into the community; the results of consumer satisfaction surveys; and recommendations for achieving these goals. The report should address each recommendation with an implementation plan given.

It may not be necessary to make such an extensive study as was conducted in this 1990 report; however, it is advised that a statewide commission be appointed specifically to review the situation in the state, looking particularly at the status of the implementation of recommendations made in this report (and subsequent reports), and determining what new recommendations should be made at that time. In order to designate the responsibility for such future assessments, it is recommended that the Developmental Disabilities Planning Council of Mississippi establish this action as a matter of policy.

The development of this 1990 Report has involved many interested citizens in the state, with the study and subsequent recommendations covering a wide spectrum of activities. These recommendations represent needed actions by many different kinds of groups and agencies. To carry out some of the recommendations, new legislation would need to be introduced and passed. Other recommendations may require either the repeal or the amendment of certain items of legislation that are currently in effect. The implementation of other recommendations will necessitate new or changed regulations on the part of the State Board of Education and the State Department of Education. To carry out certain other recommendations, action will need to be taken by the Mississippi Department of Mental Health and other agencies.

The implementation of this report and the state comprehensive plan is not an all-or-none proposition. As outlined above, implementation of various parts of the Report will require action on the part of numerous agencies within the state. Mere acceptance of the 1990 Report with few or no steps taken to implement its various parts will mean that the money expended for planning, and the time, effort, and energy invested by many people toward this statewide comprehensive Report, will have been wasted.

The Mississippi Developmental Disability Council members are of extreme importance in the years ahead. They must be active and vigilant participants in the

implementation of these recommendations. The many Mississippians who participated in the planning of this report must be determined that this shall not just become a reference report, but a document for action.

One word of caution is in order. This 1990 Report, however soundly conceived, can serve only as a point of departure. Many details and methods for implementation must yet emerge. These recommendations herein offer a vision and a blueprint for progress.

Finally, it is inevitable that a report of this nature will focus upon the gaps, the needs, and the tasks that lie ahead--that is its function. Yet it is equally true that many excellent developmental disability services already exist in Mississippi. A number of these programs are matchless, without peers in other states, and it is precisely these strengths that must be built upon to continue to improve agencies and organizations to assure that all persons with developmental disabilities receive the services and other assistance and opportunities necessary to enable such persons to achieve their maximum potential through increased independence, productivity, and integration into the community.

Appendix A

The Rating of Draft Recommendations by Administrators of Developmental Disability Service Provider Agencies (n = 35)

*SCALE FOR RATING DRAFT RECOMMENDATIONS
TO MEET THE NEEDS OF MISSISSIPPI'S
CITIZENS WITH DEVELOPMENTAL
DISABILITIES

Circle the number which best describes your position on each recommendation. 1 = strongly disapprove; 2 = disapprove; 3 = no opinion; 4 = approve; 5 = strongly approve.

GENERAL RECOMMENDATIONS

1. Supports to individuals with developmental disabilities that promote their independence, productivity and integration in the community should be a major policy goal in the 1990s.

1	2	3	4	5
		2	5	27

2. Life-long Family Support for all families who have a member with developmental disabilities should be made available. Family Support should include respite, financial assistance, emergency and shelter care for adult consumers, and other supports found to be effective in assisting families.

1	2	3	4	5
	2	2	13	18

3. It is recommended that we continue to develop a continuum of developmental disabilities services that are located in communities on a regional basis. Such a continuum would allow an individual to be given the most appropriate, as well as least restrictive service in or near the home community. The ultimate goal is one in which all developmentally disabled Mississippians will have ready access to needed services.

1	2	3	4	5
	1	0	9	25

*some provider agencies did not rate all recommendations

4. Mississippi laws should be reviewed to identify those laws that impede the independence, productivity, and integration of persons with developmental disabilities.

1	2	3	4	5
	2	2	11	20

5. Reports on federal expenditures should be expanded to provide additional information on how supports are financed and the availability of supports to people with developmental disabilities. This information should be complemented by consumer-based research on the relationship between supports and the ability to reach greater independence, productivity and community integration, building on the Mississippi Developmental Disabilities Council 1990 Report.

1	2	3	4	5
	1	5	18	11

6. Funding levels for discretionary programs that stimulate the development of supports, including grants for special recreation programs, assistive devices, community support systems in mental health, temporary child care/crisis nurseries, and independent living centers should be expanded where possible.

1	2	3	4	5
	3	1	18	16

7. As the deinstitutionalization of people with developmental disabilities continues, adequate community support to allow persons with developmental disabilities to function satisfactorily in the community and enjoy a real "quality of life" must be guaranteed.

1	2	3	4	5
			7	28

8. Services for individuals with developmental disabilities should include all supports needed by consumers for a satisfactory transition into homes in the community.

1	2	3	4	5
		3	16	17

9. Coordination assistance ("case management") should be available to individuals with developmental disabilities and family members to facilitate arrangements for supports and their monitoring. Sufficient funding must be available to permit small enough "caseloads" for effective help with coordination; additional resources must be available for system-level coordination.

1	2	3	4	5
		1	16	18

10. Mississippi should develop a program that will provide vouchers for individuals with developmental disabilities to purchase transportation services in order to work, to receive services, to perform daily activities, or to participate in community activities.

1	2	3	4	5
2	3	6	7	16

11. All transportation plans or programs developed by Federal or State government or regional or local transportation authorities should include provisions to make transportation accessible to consumers with all types of disabilities.

1	2	3	4	5
1	2	1	11	20

12. All Mississippi citizens with developmental disabilities should have available a 24 hour hotline for families or consumers in times of crisis.

1	2	3	4	5
1	2	5	8	19

13. Within the Mississippi Planning Council on Developmental Disabilities, a Special Task Force for people with severe mental illness and physical handicaps should be established to assure that gaps in services for this population are eliminated.

1	2	3	4	5
1		6	12	18

14. State agencies representative with major involvement in the following areas should be invited to become members of the Mississippi Planning Council on Developmental Disabilities: Housing, Insurance, and Transportation - (for each state agency add one more representative).

1	2	3	4	5
	2	8	13	11

15. Mississippi should promote implementation of prevention strategies to minimize the occurrence of conditions which result in disabilities.

1	2	3	4	5
		8	13	14

16. The Mississippi Legislature should mandate that all state and federally-assisted programs adopt and uniformly operationalize consistent definitions of services and eligibility criteria for disability programs.

1	2	3	4	5
1	1	3	10	20

17. New specialized programs and services should be developed, financed, and implemented to meet the needs of Mississippi's unserved/underserved population of persons with developmental disabilities.

1	2	3	4	5
	2	5	12	16

18. The Mississippi Legislature should enact permanent legislative responsibility to the Mississippi Department of Mental Health for the planning and implementation of a comprehensive, coordinated system of appropriate facility and community-based programs and services for all persons with developmental disabilities, based upon the federal definition in the Developmental Disabilities Act.

1	2	3	4	5
3		8	8	16

EDUCATION

19. There should be developed a sensible and responsible solution to the preparation of personnel so that, in future years, every developmentally disabled individual who needs service by a highly specialized professional will, in fact, receive the service no matter where he resides in Mississippi.

1	2	3	4	5
	1	3	10	20

20. Greater emphasis should be stressed in continuing education activities to increase and update the competencies of current personnel and to fit existing personnel into a rapidly changing service area (for example, to serve better the multiply handicapped population).

1	2	3	4	5
	1	3	13	18

21. Emergency permits or provisional certificates that allow individuals to teach who do not meet the minimum requirements for teachers of the developmentally disabled (severely handicapped, multi-handicapped, etc.) should be allowed to be renewed only twice, and then only if the individual holding the provisional certificate has attended yearly workshops per year sponsored by the State Office of Special Education and has successfully completed six semester hours in one of his deficient areas each year.

1	2	3	4	5
1	2	4	15	14

22. It is recommended that Mississippi meet its manpower needs, in part, by providing grants-in-aid annually (or loans in case the recipient elects not to fulfill the terms of the grant-in-aid) to individuals desiring careers in the education of developmentally disabled children and adolescents.

1	2	3	4	5
	2	2	17	14

23. Financial incentives should be provided at both the Federal and State levels to encourage college students, upon graduating, to work in service programs with developmentally disabled persons.

1	2	3	4	5
	2	6	11	15

24. Training for professional personnel, such as health and mental health professionals, should include courses on working with individuals with developmental disabilities.

1	2	3	4	5
		3	14	18

25. Comprehensive education efforts should include an orientation for professionals in the service system to assist them in providing supports to individuals with developmental disabilities, family members, and communities.

1	2	3	4	5
		5	16	14

26. State policy should help ensure that each local school district has an on-going drop-out prevention program which specifically addresses the needs of the special education population.

1	2	3	4	5
	1	2	17	15

27. Adequate federal funds should be available in order to support and enhance state and local contributions. Federal contributions should move towards the originally promised 40% reimbursement rate for special education students.

1	2	3	4	5
		4	17	14

28. Early Intervention (birth - 5 years) services should be made available and accessible to all families who want them. Included in this initiative should be incentives for day care centers to become integrated.

1	2	3	4	5
		6	11	17

29. Educational services systems should be designed around individual needs. The focus should be on preparing individuals for life, giving them the functional knowledge and skills to actively take part in it. Functional curriculums should be developed and adopted by the Mississippi State Department of Education such as the work study special education - vocational rehabilitation program available in Mississippi in the 1970s.

1	2	3	4	5
		3	16	18

30. Transition services should be mandated for all special education students. Students leaving school should have self-advocacy, problem-solving, and community life and employment skills.

1	2	3	4	5
		2	16	17

31. Independent living skills and training such as those activities that decrease an individual's dependence upon other people (e.g., grooming, cooking, and home management skills) as well as activities that allow the individual to use generic community services (e.g., mobility and shopping skills) must be expanded and must serve a more diverse developmentally disabled population.

1	2	3	4	5
		2	8	25

32. Mississippi's special education and rehabilitation programs should be designed in such a way that by the time a student is of high school age, he/she will be able to live successfully in an independent living apartment with only minimum supervision. Such training can make a tremendous difference in how early in adulthood a person with a severe disability will be able to work for competitive wages.

1	2	3	4	5
		3	15	17

33. Mississippi's schools should formulate a formal, written plan that specifies how a student will be trained and placed in a permanent job upon graduation. This transition team specifies who is responsible for each goal/objective of this plan and a time-line for completion of each goal/objective of the plan. This plan should be part of both the Individual Education Plan (IEP) and the Individual Written Rehabilitation Plan (IWRP).

1	2	3	4	5
1	1	4	14	14

34. Mississippi's schools should train communication, self-care, mobility, and recreation skills, teaching all of them within the context of job training whenever possible. By the teens the IEP should address specific vocational training in a variety of potential jobs related to realistic employment options in the local labor market.

1	2	3	4	5
			17	16

35. Creative programs whose goals and procedures are oriented toward easing the school-to-work transition for its handicapped pupils/clients must involve both special education and rehabilitation personnel.

1	2	3	4	5
	1	2	15	16

36. The Department of Education should establish policies and regulations to ensure that all children and youth with developmental disabilities are educated, to the extent possible with non-disabled peers and within their home communities.

1	2	3	4	5
	1	3	13	17

37. Local school systems should employ additional personnel (e.g., psychologists, guidance counselors, physical therapists, speech pathologists, occupational therapists, audiologists, etc.) who are appropriately trained to provide "related services" needed by children and youth with developmental disabilities.

1	2	3	4	5
	2	2	13	17

38. Mississippi's institutions of higher education should expand and initiate new programs of appropriate education and preservice training for teachers and related personnel to become qualified/certified to provide special education and related services needed by children and youth with

developmental disabilities.

1	2	3	4	5
		8	9	15

EMPLOYMENT

39. A policy on the employment of people with developmental disabilities should be developed for Mississippi with the goal of achieving a high rate of employment and labor force participation for people with developmental disabilities between the ages of 18 and 64.

1	2	3	4	5
		3	20	12

40. There should be an authority to collect data on employment and labor force participation by people with disabilities. These data should be reported along with current labor statistics by functional and diagnostic characteristics of the disability.

1	2	3	4	5
1	2	7	18	7

41. The Jobs Training and Partnership Program should indicate consistently with VR those individuals who have developmental disabilities.

1	2	3	4	5
1		9	16	6

42. All state employment security agencies should report (as they do with veterans, women, and racial minorities) the number and percentages of people with developmental disabilities served and profile this population as others are.

1	2	3	4	5
1	2	3	19	10

43. Employers should be made aware of the advantages of hiring workers from a Supported Employment program.

1	2	3	4	5
			13	22

44. All State agencies should have employees who are participating in a Supported Employment program.

1	2	3	4	5
2	1		16	15

45. Federal policy should be amended so that Supported Employment opportunities are available for people with disabilities who can work less than 20 hours a week.

1	2	3	4	5
	2	3	10	20

46. Mississippi's severely handicapped youth can and must achieve vocational skills. The vast majority of multiply handicapped youth can learn the skills needed to become effective workers through special training programs which are based upon task analysis, easy-to-hard discrimination, errorless learning, etc. Social and communication skills, mobility, independent living skills, and work habits of severely handicapped youth have an important bearing on their vocational skills. The reinforcement of these skills must begin in the elementary school and continue through the secondary years.

1	2	3	4	5
		1	15	17

47. Mississippi's rehabilitation personnel should be encouraged to provide consultation and direct assistance in their areas of expertise within as well as outside the school setting. If the vocational development of severely handicapped youth is to succeed, there must be a "marriage" between special education and rehabilitation. Public schools, rehabilitation agencies, training facilities, and other programs should practice and encourage maximum career development opportunities for developmentally disabled youth of our society.

1	2	3	4	5
		3	15	16

48. The Rehabilitation Services Administration should provide additional supported employment funding that is not time limited for people with severe and life-long disabilities (e.g., developmental disabilities). These funds should not be commingled with any other VR accounts at the state or Federal levels.

1	2	3	4	5
1	2	2	10	19

49. The Rehabilitation Services Administration should require all state VR agencies to indicate those individuals who are developmentally disabled in its statistics.

1	2	3	4	5
		3	19	13

50. Plans for transitional services should be developed and implemented at the local levels. Mandatory collection and reporting of appropriate data may help to ensure that more individuals receive such services.

1	2	3	4	5
1		3	20	12

51. The Mississippi Legislature should provide permanent funding to expand and maintain long-term supported employment opportunities for persons with severe physical, sensory, and/or mental disabilities. This must include funding to provide for appropriately trained personnel necessary for supported employment activities.

1	2	3	4	5
1	1	1	12	20

52. The Mississippi Legislature should create state tax incentives which will benefit employers who hire and provide long-term supports which allow persons with developmental disabilities to maintain remunerative employment.

1	2	3	4	5
		1	14	18

53. Mississippi's commitment to affirmative action in hiring persons with disabilities within State government should be strengthened through education, directives, and monitoring.

1	2	3	4	5
1		2	18	13

54. The Mississippi Legislature should provide permanent funding to significantly expand and make uniformly available supported employment services, independent living services,

and rehabilitation technology services.

1	2	3	4	5
	1	4	17	12

HEALTH

55. Mississippi should have a disability prevention initiative among all agencies, an overall plan of action, and state funding toward preventing more children from entering into special education services in our public schools.

1	2	3	4	5
		11	12	9

56. Children with special health care needs should have access to integrated and coordinated health services that are community based. Early medical intervention and surgical care can help children lead more productive lives and prevent developmental disabilities.

1	2	3	4	5
		1	19	15

57. The Children's Medical Program should improve and expand services to children with special health care needs so that assistance can be provided to 100 percent of all qualified applicants for service. For example, services should be provided for neonatal screening to all newborns for metabolic disorders for which effective and efficient tests and treatment are available.

1	2	3	4	5
		3	13	18

58. Generic community home health care should be expanded to allow improved access by people with developmental disabilities.

1	2	3	4	5
		3	20	11

59. Medicaid restrictions on the financing of home and community-based supports must be lifted in ways that stimulate their expanded availability to people with developmental disabilities regardless of the nature of the developmental disability.

1	2	3	4	5
		2	19	13

60. An equitable health care financing system should protect people from excessive health care costs in relation to their incomes. Families of persons with developmental disabilities should not have to pay a greater percentage of their income for health care than families without such disabilities.

1	2	3	4	5
		3	12	19

61. Data should be collected on the limitations of private and public health insurance for persons with disabilities. Surveys should be conducted at the national, state, and community levels to more precisely measure the extent of the limitations of private health insurance on persons with developmental disabilities and the impact on both their lives and on the social costs to society.

1	2	3	4	5
	3	3	16	12

62. The Mississippi State Department of Education should make sure that public school districts are identifying all health related needs in the individualized education plan (IEP) which impact on special education.

1	2	3	4	5
		2	17	13

63. Efforts to educate families and consumers about how to access and choose mental health care should be made through a variety of mechanisms, including the State Board of Education and the media.

1	2	3	4	5
		2	17	15

64. All State agencies serving children and adolescents with severe mental illness should separate, in their budgets, the funding mechanisms and amounts spent on services to this particular population.

1	2	3	4	5
1	1	10	14	6

65. Community mental health centers should increase services to people with developmental disabilities.

1	2	3	4	5
	4	2	9	17

66. Legislation in Mississippi should be passed which would allow Medicaid to reimburse freestanding facilities for psychiatric services for children and adolescents.

1	2	3	4	5
1		4	18	13

67. Medicaid options which will allow coverage of additional persons should be considered for adoption.

1	2	3	4	5
	2	6	13	10

68. Home and community-based services, respite care, and day care should be expanded.

1	2	3	4	5
		1	11	21

69. A substantial number of Mississippians remain unable to obtain needed care. The limited funding and associated staffing restrictions of the State's public facilities for mental health and retardation services have not permitted service to all who seek care. Concurrently, the high cost and limited third party coverage of private sector mental health services denies access to all but the wealthy or persons with exceptional health insurance coverage. Therefore, the State should examine new ways to provide proper mental health and retardation services for the handicapped population.

1	2	3	4	5
1			15	18

HOUSING

70. There is limited information about the housing needs of the developmentally disabled population in Mississippi. Such individuals are a diverse group and the physical adaptations that help one type of handicap are of no use to others. Special efforts should be made to work with the state's vocational rehabilitation agencies, the Mississippi Council on Developmental Disabilities and other experts to identify the housing needs of the handicapped and develop strategies to address identified needs.

1	2	3	4	5
			14	19

71. The State should access all available Federal funds for providing housing for the handicapped.

1	2	3	4	5
	2	6	10	15

72. In-home services should be expanded by all state agencies now providing them to reduce the demand for placement of developmentally disabled consumers in congregate care facilities.

1	2	3	4	5
1	1	3	16	10

73. State agencies should examine existing models of "shared housing" and determine its applicability for Mississippi.

1	2	3	4	5
		4	19	9

74. Housing policy goals for people with developmental disabilities should be focused on supports, environmental adaptations, and housing characteristics selected by the individual and tailored to individual needs.

1	2	3	4	5
		4	13	15

75. The availability of small community-based housing should be expanded so that more residential options are available for consumers with developmental disabilities when their natural homes are not an option.

1	2	3	4	5
		2	13	20

76. The implementation of the new ICF/MR regulations and P.L. 100-203 (nursing home reforms) should be carried out in ways that promote the use of community alternatives such as apartments.

1	2	3	4	5
		2	18	12

77. Various settings should be considered as a service base for respite care.

1	2	3	4	5
		4	16	13

78. Additional efforts to improve access should include an increase in the number of group homes for the chronically mentally ill, operated by state hospitals or regional mental health/mental retardation centers, and the opening of group homes for emotionally disturbed children to prevent institutional placement or to provide a placement for adolescents ready for discharge from the state hospital. It is recommended that further development of long term care beds specifically designed to serve the MR/DD population should be located outside existing institutions and if possible be 15 beds or less in size.

1	2	3	4	5
2	2	2	9	18

79. The Federal Fair Housing Act should be fully implemented in Mississippi so that all citizens with disabilities have the right to reside wherever they wish.

1	2	3	4	5
		7	8	18

80. The Federal government should create a set-aside portion of Community Development Block Grant funds to be used for developing or modifying housing for people with developmental disabilities.

1	2	3	4	5
1		6	12	19

81. Federal regulations should be amended so that in all housing, subsidized with Federal funds, standard definitions of "disability" are included and the requirement that 10% of all tenants be disabled is enforced.

1	2	3	4	5
	2	5	12	14

82. The State should access all available funds and use all existing resources to increase the numbers of people with developmental disabilities, who earn the minimum wage or less, who are able to live in subsidized housing.

1	2	3	4	5
		5	17	12

83. Rental assistance for low income housing for persons with disabilities should be established.

1	2	3	4	5
	1	1	17	14

84. Federal and State funds, targeted for expansion of residential services, should be utilized to provide small community-based housing for people with developmental disabilities. If possible, this housing should contain the same number of residents as do the homes in the neighborhood in which non-disabled people reside.

1	2	3	4	5
		6	13	14

85. The Mississippi Legislature should establish state tax credits/tax deductions to families or individuals who provide a home and supervision/care for family members or other persons with developmental disabilities.

1	2	3	4	5
3	2	2	13	14

AGING

86. The Mississippi Council on Aging should assure

coordinated planning, identification, assessment of needs, and service for older individuals with developmental disabilities, with the State agencies with primary responsibility for individuals with disabilities, and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

1	2	3	4	5
	1	2	16	14

87. Mississippi's older individuals with developmental disabilities who are eligible for assistance under the Older Americans Act should be informed of the availability of this assistance through an "outreach" program.

1	2	3	4	5
		2	16	14

88. Increased coordination among Mississippi's agencies will become necessary to serve the growing elderly severely handicapped. Combined efforts must be made to coordinate services for elderly handicapped individuals. Specific recommendations are:

a. establish programs for cross-training of current providers of services for elderly and for the mentally handicapped. Temporary assignment in the other field would allow workers in both fields to be better prepared to serve elderly individuals who also have a mental diagnosis; and

1	2	3	4	5
		6	17	8

b. training programs should be coordinated, jointly sponsored, and held in at least two locations in the State.

1	2	3	4	5
		6	12	11

89. Mississippi's area agencies on aging should facilitate the coordination of community-based, long-term care services for Mississippi's older developmentally disabled individuals who reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

1	2	3	4	5
		2	15	15

INCOME

90. Supplemental Security Income eligibility determination for children with disabilities should be revised to require consideration of the individual child's functional limitations and presumptive eligibility for children with certain genetic and congenital impairments that indicate a developmental disability.

1	2	3	4	5
		3	10	21

91. Income assistance, food assistance, payment for medication, etc., for Mississippi's citizens with developmental disabilities is very important as most of the developmentally disabled persons surveyed are on supplemental security income. There should be an additional income allowance that will allow for more independence, community integration and productivity.

1	2	3	4	5
1	2	4	11	16

92. In Mississippi, the Medicaid program reimburses a limit of 30 days hospitalization per Medicaid-eligible per fiscal year. While this number of inpatient days may be adequate for most patients in an acute care setting, such day limitation is inadequate for long term rehabilitation patients because the average length of stay in such hospitals or units is usually in excess of 30 days. Therefore, an inpatient rehabilitation facility or unit is very restricted in the number of Medicaid only eligible patients it can serve and still remain economically viable. The effect here is to greatly restrict the number and percentage of Medicaid patients who receive care in such facilities. This restriction should be corrected.

1	2	3	4	5
	1	1	11	12

93. Blue Cross does not cover the cost of rehabilitation care for its subscribers and family members. Blue Cross contracts generally cover acute medical care which does not include rehabilitation. Therefore rehabilitation facilities and services in Mississippi are greatly restricted in the number of Blue Cross subscribers that it can treat in a given period of time. The reimbursement realities in the rehabilitation industry need to be addressed in the future as it relates to public and private policy regarding this segment of the health care industry.

1	2	3	4	5
		4	9	19

CIVIL RIGHTS

94. Handicapped services in Mississippi consistent with individual dignity should be provided when necessary to protect from abuse, neglect, and exploitation.

1	2	3	4	5
			10	24

95. Consumers and their families should receive more training on self-advocacy techniques.

1	2	3	4	5
	1		12	20

96. Estate planning and counseling for families wishing to plan for their relatives' futures should be made available.

1	2	3	4	5

		2	15	17

97. When making placement decisions, families and consumers should be presented with options which promote community integration.

1	2	3	4	5
		2	13	19

98. Family counseling should be offered to families who are placing a family member.

1	2	3	4	5
		2	14	17

99. Efforts must be extended to assure the rights of disabled elderly Mississippians are protected in such areas as abuse, competency hearings, powers of attorney, protection of entitlement and guardianship.

1	2	3	4	5
		2	9	23

100. Promotion of self-advocacy by all public agencies is recommended to allow continuous consumer participation in decisions concerning the planning and implementation of services for individuals with disabilities.

1	2	3	4	5
		2	15	17

APPENDIX B

UNEDITED COMMENTS ON THE DRAFT RECOMMENDATIONS BY ADMINISTRATORS OF DEVELOPMENTAL DISABILITY SERVICE PROVIDER AGENCIES

COMMENTS

Draft recommendation number

1. I wonder if "services" would not be a better choice of words than "supports" since the latter carries the connotation of something to lean on.

   But taking into consideration the degree of the disability and functioning level.

2. without making them "loafers"

   as needed for as long as it's needed

3. All efforts should go to supporting all people in homes in their home communities.

6. All should be integrated into existing generic resources and none set up as primarily for persons with DD.

   Discretionary programs tend to help only a selected few.

9. Amen!

   with no restrictions on hours service per year. 144 is not always adequate in many case

   caseloads are already small enough

10. should find own when possible

    It is our experience that providing vouchers would not guarantee that transportation would be available for purchase of the things you mention. Transportation, particularly for rural residents, is a problem for many Mississippians.

11. As I understand the Federal laws pertaining to accessibility, UMTA, etc., accessibility is required. State law may need modification.

    I object to the word "all".

12. There are enough 24 hour crises lines already available.
    I would make such a hotline regional at least. Statewide hotlines usually have to call the local community for crisis reaction.

13. I do not believe that the number of people within the DD population who could be described as having a severe mental illness combined with physical handicaps is large enough to justify a special Task Force. If the Council and the state agencies plan properly for the broad DD group, there should not be gaps for any discrete group within the larger population.

    There should be a federal (not State) mandate.

14. I would add the Council on Aging.

15. especially VD control

16. I would add to this that there should be one coordinated disability determination system to which all agencies defer. The current practices of requiring repeated diagnostic and evaluation procedures to determine eligibility for discrete programs is a very expensive duplication and is frustrating and demoralizing for those seeking services.

17. No one state department provides all of the services needed by an individual who happens to be developmentally disabled and his/her family. What is needed is Mississippi legislative empowerment of something like the DD Council so it has greater authority in planning and coordination.

    New programs are not necessary -- utilize what is already in place.

    Old ones need taking care of as first priority.

    If focus is upon integration and not segregation.

19. Maybe you should suggest a state level commitment to personnel preparation with incentives to attract young people and to keep them in Mississippi.

    High goal -- how?

22. If educators teach from state of art techniques and integration philosophy.

23. If program meets above criteria and students are screened properly.

24. Yes, but each one not a catch-all.

28. I would like to see this in stronger language since I believe this program has greater potential for impacting on the lives of both the individual who is handicapped and the family. These are the years when the

child is most malleable and the family most vulnerable. I also believe that the accessibility of professional consultants is the key to day care integration.

depends upon the severity of the disability, number involved in a facility, staff training.

28. and provide non-profits such as ours

29. only if functional programs are integrated

31. should focus upon immediate support in natural environments and not the continuum of services model

32. only for a portion of this population

Should be is the key but I doubt it will ever happen.

without sacrificing integration and family

or group homes for more severely disabled

33. coordinate with DVR (Voc Rehab)

This, too, must be dependent upon degree of disability. Many severe MR will never be able to enjoy this competitive wage.

36. Most mainstreamed deaf come out not fully educated.

37. and trained the deafness only if so trained as far as deaf are concerned

If not able to employ such persons, should have a working relationship with local professionals.

38. Must do something about uniformity in curriculum and instructional staff -- a Ph.D. in one program and a graduate assistant in another.

39. Again, level functioning, degree and disability must be taken into consideration.

40. I do not understand the statement.

43. I would like to know the advantages as they now stand.

44. Should have, where are the jobs coming from in extremely rural areas with people standing in line for jobs.

Maybe some small state agencies should be exempted.

45. "to all but the wealthy" I strongly agree with this

statement. This is what was said in the early 1960's.

46. Degree/disability again seems to have been ignored. Failure on a job can be devastating to these workers.

51. should also put "teeth" into fed. reg. of how discrimination in hiring, especially if a company receives federal funds

52. Should also stress hiring because they're qualified not because they're disabled and bring an incentive reward.

55. depending on the disability

Those severe/profound will need special classes.

59. Sometimes medicaid is just enough to be ineffective.

65. We already are serving this population. We could increase if funding was expanding to reimburse services and provide transportation needs.

with funding

66. Why only "psychiatric"? Why not also deaf and blind, etc.?

68. in integrated settings

carefully investigated, monitored

69. Should not be limited to these two. That's the problem now. Most DD funds go to these two. There are other disabilities - should be more widely distributed.

71. not if it promotes segregation
72. It is the only sensible placement in many cases.

73. Don't isolate deaf with hearing where they can't communicate.

if small means three or less

76. Only if in-home services are expanded so these apartment residents can be monitored.

It depends upon the degree of disability.

78. There are no facilities, mental health or otherwise, geared to meet the needs of the deaf.

Homes and home-like settings should have a maximum of six persons.

79. and where they can function depends upon the degree of disability

85. Supervise strictly to prevent abuse

89. carefully monitored and plan for specific needs for the deaf

90. should be geared to children's placement; also possibly less than for the adult

91. Many adults are on SSDI and are not yet covered by the incentives to work than SSI recipients have. You need to include SSDI recipients in any income allowance.

97. into/or access to the deaf community

GENERAL COMMENTS

I worry about the all inclusiveness of some of the statements.
I feel many should be tempered with dependent upon degree of disability and level of functioning.

If all these recommendations are implemented, who is going to pay for everything? Maybe we don't have to worry because our environment on earth will be so decimated and polluted in 100 years that there will no longer be any DD citizens let alone any humans at all.

APPENDIX C

SAMPLE OF LETTERS REQUESTING RATINGS OF RECOMMENDATIONS AND COMMENTS

DEVELOPMENTAL DISABILITIES PLANNING COUNCIL
1101 ROBERT E. LEE BUILDING
JACKSON, MISSISSIPPI 39201

December 12, 1989

Dear Program Director:

I am enclosing eight (8) "rough" preliminary recommendations to be considered for inclusion in the Mississippi 1990 Report to Congress. As you are aware, the Developmental Disabilities Assistance and Bill of Rights Act mandated the Mississippi State Developmental Disability Council to perform the following activities:

1. to conduct a review of State - Federal services for persons with developmental disabilities;

2. to conduct a consumer satisfaction survey in Mississippi;

3. to prepare and transmit to the U. S. Congress, the Governor and the state legislature by January, 1990, a final written report to include recommendations;

The draft recommendations are based primarily on the information compiled while carrying out this mandated research and included such sources as:

1. Mississippi's Consumer Satisfaction Survey.

2. Mississippi Developmental Disabilities Planning Council's pool of information on issues and data on services to people with developmental disabilities in Mississippi.

3. The most recent annual Report to the Legislature from each relevant Mississippi State Agency as well as their State plans submitted to the Federal Government, needs assessment and evaluative studies.

4. Federal program data with specific information on services and expenditures relevant to Mississippi such as the following key Federal programs: ICF/MR, special education, and vocational rehabilitation.

Please rate these recommendations and remember that they are still in the draft form. Additionally, comments from you on these draft recommendations are most welcome and desired. As you know, the Council is committed to developing recommendations which will promote independence, productivity, and community integration of Mississippi citizens with developmental disabilities.

The 1990 Report to Congress is a unique opportunity to improve Federal policy on behalf of people with developmental disabilities.

Your immediate attention and return of the attached rating sheet will be of immeasurable assistance. You MUST return your rating sheet and comments by December 20 to my office. Please share the other seven copies with staff, parents, service consumers or other interested persons for their rating and return to us in the stamped envelopes.

Sincerely,

E. C. Bell, Director
Developmental Disabilities

ECB:ab

DEVELOPMENTAL DISABILITIES PLANNING COUNCIL
1101 ROBERT E. LEE BUILDING
JACKSON, MISSISSIPPI 39201

December 11, 1989

Dear Developmental Disabilities Council Members:

I am enclosing the "rough" preliminary recommendations to be considered for inclusion in the Mississippi 1990 Report to Congress. As you are aware, the Developmental Disabilities Assistance and Bill of Rights Act mandated the Mississippi State Developmental Disability Council to perform the following activities:

1. to conduct a review of State - Federal services for persons with developmental disabilities;

2. to conduct a consumer satisfaction survey in Mississippi;

3. to prepare and transmit to the U. S. Congress, the Governor and the state legislature by January, 1990, a final written report to include recommendations;

The draft recommendations are based primarily on the information compiled while carrying out this mandated research and included such sources as:

1. Mississippi's Consumer Satisfaction Survey.

2. Mississippi Developmental Disabilities Planning Council's pool of information on issues and data on services to people with developmental disabilities in Mississippi.

3. The most recent annual Report to the Legislature from each relevant Mississippi State Agency as well as their State plans submitted to the Federal Government, needs assessment and evaluative studies.

4. Federal program data with specific information on services and expenditures relevant to Mississippi such as the following key Federal programs: ICF/MR, special education, and vocational rehabilitation.

Please rate these recommendations and remember that they are still in the draft form. Additionally, comments from you on these draft recommendations are most welcome and desired. As you know, the Council is committed to developing recommendations which will promote independence, productivity, and community integration of Mississippi citizens with developmental disabilities.

The 1990 Report to Congress is a unique opportunity to improve Federal policy on behalf of people with developmental disabilitities.

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Sincerely,

E. C. Bell, Director
Developmental Disabilities

ECB:ab

P.S. I am charging each of you to hold your own mini public forum in which you should explain the mandate of the Developmental Disabilities Act and our overview of the recommendations. The purpose of the public comment portion of the meeting is primarily to accept feedback in an unbiased and nonjudgemental manner. Good luck !!